

Title of the study: The histological differentiation of Tuberculosis from Crohn's disease in mucosal biopsies with granulomatous inflammation from the upper gastrointestinal tract.

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ABSTRACT

BACKGROUND – Tuberculosis and Crohn's disease are both granulomatous diseases of the gastrointestinal tract with numerous overlapping features. Several studies have documented the differentiating clinical and histological features in the lower gastrointestinal tract. However, no studies have attempted to distinguish upper gastrointestinal Tuberculosis from Crohn's disease.

AIM – To identify the histopathological features useful in distinguishing Tuberculosis from Crohn's disease in mucosal biopsies with granulomatous inflammation from the upper gastrointestinal tract.

METHODS – A total of 40 cases (20 cases each of Tuberculosis and Crohn's disease) with a minimum of one year clinical follow up was selected from a total of 98 cases, over a ten year period (January 2005-December 2014). The clinical, endoscopic and histopathological features were examined and entered into a database created in the Epidata software. The statistical methods used included frequency table, Chi square test, Mann-Whitney U test and a p value of <0.05 was considered significant.

RESULTS AND CONCLUSIONS – Granulomatous inflammation of the upper gastrointestinal tract is more likely to be Crohn's disease if the duration of the illness is longer, endoscopy is normal and intensity of granulomatous inflammation and other inflammatory changes is mild. Tuberculosis is more likely to be associated with shorter duration of symptoms, dyspepsia, endoscopic changes, significant lymph node involvement on CT, more severe granulomatous inflammation and other inflammatory changes. Involvement of the esophagus and duodenum by granulomatous inflammation is also more common in Tuberculosis.

Key words: Crohn's disease, Tuberculosis, upper gastrointestinal granulomatous inflammation.